



One Larkin Center, Floor 3  
Yonkers, New York 10701  
Tel. 914 376-8030  
Fax 914 376-8218

**Bernard Pierorazio**  
Superintendent of Schools

**Joseph J. Hvisc**  
Senior Budget Analyst

November 13, 2006

FCC, Office of the Secretary  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

Re:     Applicant Name:                     Yonkers Public Schools  
         Billed Entity Number:             123703  
         Form 471 Application Number:   369142  
         Funding Request Number:        1010917

Dear Sir;

This is an appeal for the above FRN for the Yonkers Public Schools. The funding year is 2003-2004, year 6. Please see the attached documentation relating to this FRN. Below is a history of the FRN.

The USAC case numbers for this FRN are 21-146028, 21-228226, 21-262225, 21-268972, 21-268973, 21-274253, 21-314433, and 21-4501742. A spin change was submitted on 10/01/04. The spin change was denied because the application number 369142 was not yet approved. The application was finally approved on 02/23/05. A new spin change was submitted on 03/07/05. The second spin change was denied because the Funding Commitment Letter had not yet been received.

A third spin change request was submitted on 06/15/06. On 06/24/05 I received an e-mail that there was a problem with the 486 form I had submitted for this FRN. I forwarded the correct information on 06/30/05.

The 486 form was approved on 08/17/05. For the next couple of weeks I went back and forth with Verizon to get page 6 of the BEAR form signed. There was confusion with the spin change and the approval processes.

On 09/13/05 I received a signed page 6 from Verizon. On 09/13/05 I mailed all of the documentation to Ms. Smith at the Schools & Libraries Division of USAC. On 09/27/05 I received a notice that the BEAR form was not approved because the "*Customer Billed Date before Service Start Dat:*" The 486 Approval letter for this FRN misstated the Service Start Date as 02/16/2005. The correct Start Date for this FRN is 07/2003.

Unfortunately, I had other appeals in process while this was all going on and did not realize until 07/31/06 that this matter was still outstanding. The refund amount we are requesting is \$67,067.76. Verizon provided the service for Internet access for the school district.

We are requesting that you approve this appeal. Please contact me with any questions or concerns. I can forward any documentation you may need to research this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maureen A. Walsh', with a stylized, cursive script.

Maureen A. Walsh

Mwalsh@yonkerspublicschools.org



**Universal Service Administrative Company**  
Schools & Libraries Division

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**Form 472 (BEAR Form) Notification Letter**

October 27, 2006

Verizon New York Inc.  
Debra Hamacher  
1717 Arch Street, 22nd Floor  
Attn Mary A. Eells  
Philadelphia, PA 19103

Re: Form 472 Invoice Number: 698224  
Service Provider Identification Number: 143001359  
Applicant Form 472 Identifier: YPS YR7 10  
Billed Entity Number: 123703

YONKERS PUBLIC SCHOOL DISTRICT  
MAUREEN A. WALSH  
1 LARKIN CENTER 3RD FLOOR  
YONKERS, NY 10701

Preferred Mode of Contact: E-mail at [MWALSH@YONKERSPUBLICSCHOOLS.ORG](mailto:MWALSH@YONKERSPUBLICSCHOOLS.ORG)  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

**Funding Request Number (FRN):** A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

**471 Application Number:** A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

**Funding Year:** The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

**Contract Number:** The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

**Funding Commitment Decision:** This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

**Reimbursement Amount for this FRN:** This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

**Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT):** This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division  
Universal Service Administrative Company  
CC: YONKERS PUBLIC SCHOOL DISTRICT

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 1167741  
471 Application Number: 415013  
Funding Year : 07/01/2004 - 06/30/2005  
Contract Number: 361081  
Funding Commitment Decision: \$958688.64  
Reimbursement Amount for this FRN: \$0.00

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**Universal Service Administrative Company**  
Schools & Libraries Division

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**FORM 486 NOTIFICATION LETTER**  
**(Funding Year 2003: 07/01/2003 - 06/30/2004)**

August 17, 2005

YONKERS PUBLIC SCHOOL DISTRICT  
MAUREEN A WALSH  
1 LARKIN CENTER  
YONKERS, NY 10701

**Re: Form 486 Application Number: 300693**  
**Applicant's Form 486 Identifier: VPS YP6 07**

This letter is to notify you that the Schools and Libraries Division (SLD) has received and accepted an FCC Form 486, Receipt of Service Confirmation Form, from you. This notification is to confirm the information that you provided. This information is being shared with the service provider whose SPIN you identified on the affected Funding Request Number(s) (ERN).

**NEXT STEPS**

- Work with your service provider to establish discounts (SPI) or reimbursements (BEAR)
- Invoice the SLD -
  - applicant invoice is BEAR Form for reimbursements
  - service provider invoice is SPI Form for discounts
- Pay non-discount portion, as stated in program rules
- Maintain ALL documentation, as stated in program rules

You may be receiving this letter to revise or correct a previous Form 486 Notification Letter. The information contained in this letter supersedes any previous notification you may have received, including, but not limited to, a previously adjusted Service Start Date or previously reduced funding commitment.

**NOTICE ON SERVICE START DATE**

There may be some situations where one or more Service Start Dates as reflected on this letter have been changed from what you indicated on the Form 486. Such changes are made by the SLD to be in compliance with program rules. You will know that a change has been made if there is an asterisk next to the Service Start Date. If the SLD changed the Service Start Date, this change may have triggered a reduction in the funding commitment. It is important that you and the service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved products and/or services actually delivered and installed on or after the Service Start Date indicated on this letter.

#### TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION

If you wish to appeal the Service Start Date change(s) and/or funding commitment adjustment(s) indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which FRN Service Start Date change or Funding Commitment adjustment you are appealing. Indicate the relevant funding year and the date of this Form 486 Notification Letter. Your letter of appeal must also include the relevant Funding Request Number(s), the Billed Entity Name, the Form 471 Application Number, and the Billed Entity Number from your Form 486.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use either the e-mail or fax filing options.

#### NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Universal Service Support Mechanism. Applicants who have received funding commitments continue to be subject to audits and other reviews that the SLD and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. The SLD may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by the SLD, the applicant, or the service provider. The SLD, and other appropriate authorities (including but not limited to USAC and the FCC), may pursue enforcement actions and other means of recourse to collect erroneously disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

## A GUIDE TO THE FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT REPORT

A report for each FRN for which you have notified us of a Service Start Date is attached to this letter. We are providing the following definitions for the items in that report.

**Funding Request Number (FRN):** A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

**Form 471 Application Number:** A unique identifier assigned to a Form 471 application by the SLD.

**Service Provider Name:** The name of the service provider that you identified as providing the service included in this FRN.

**Service Provider Identification Number:** The unique number assigned by USAC to the service provider you identified as providing the service included in this FRN.

**Billing Account Number:** The account number that you have established with your service provider for billing purposes. This will be present only if a Billing Account Number was provided on the Form 471.

**Service Start Date:** The Service Start Date (SSD) as indicated on the Form 486. If this date is marked with an asterisk, it was changed by the SLD to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on products and/or services delivered or installed prior to this date.

**Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT):** If the Service Start Date is marked with an asterisk, this field will explain why the SLD changed the date. One of the following explanations may appear:

**AVSCD:** The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If you indicated an earlier SSD on the Form 486, the SLD changed the SSD to the AVSCD.

**120-DAY 486 DEADLINE:** Forms 486 must be postmarked no later than 120 days after the start of services or no later than 120 days after the date of the FCDL, whichever is later. If the Form 486 is postmarked after the later of those two dates, the SLD changed the SSD to the date 120 days before the Form 486 postmark date. That date will become the start date for discounted services. You are advised to keep proof of the date of mailing of your form(s).

**Adjusted Funding Commitment (SHOWN ONLY IF RELEVANT):** If the SLD changed the Service Start Date, this change may have triggered a reduction in the funding commitment. This field will only appear if there is a reduction to the funding commitment amount.

FORM 486 NOTIFICATION LETTER  
FUNDING COMMITMENT REPORT  
(Funding Year 2003)

Funding Request Number: 1010917  
Form 471 Application Number: 369142  
Service Provider Name: Verizon Select Services Inc.  
Service Provider Identification Number: 143004038  
Billing Account Number: n/a  
Service Start Date: 02/16/2005\*  
Service Start Date Change Explanation: 120-DAY 486 DEADLINE

COPY

## Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity  
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours  
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier **YPS YP6 07**

Form 486 Application # \_\_\_\_\_

(Create your own code to identify THIS Form 486.)

(To be inserted by Fund Administrator)

### Block 1: Billed Entity Information

1. Name of Billed Entity

**YONKERS PUBLIC SCHOOL DISTRICT**

2. Billed Entity Number

**123703**

3. Funding Year

**2004**

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

**1 LARKIN CENTER 3RD FLOOR**

City

**YONKERS**

State

Zip Code

**NY 10701**

Telephone Number

Extension

Fax Number

**914 376 8030**

**914 376 8018**

Email Address

**MWALSH@YONKERSPUBLICSCHOOLS.ORG**



0486010103

Entity Number 123703 Applicant's Form Identifier YPS YPG 07  
Contact Person MAUREEN A. WALSH Phone Number 914-376-8030

**5. Contact Person Information**

Contact Person Name

MAUREEN A WALSH

Street Address, P.O. Box or Route Number

1 LARKIN CENTER

City

YONKERS

State Zip Code

NY 10701

Check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)

Telephone Number

Extension

Fax Number

☒ Email Address

MWALSH@YONKERSPUBLICSCHOOLS.ORG

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.



Entity Number 123703 Applicant's Form Identifier YPS YP6 07  
Contact Person MARSH A. WALSH Phone Number 914-376-8080

## Block 2: Early Filing Information and CIPA Waiver Requests

### 6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

**Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.**

### 6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

### 6c. CIPA Waiver for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.

I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.



Entity Number 123703Applicant's Form Identifier YPS YPO6 07Contact Person MARGON A. WALSHPhone Number 914-376-8030**Block 3: Service Information**

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Billing Account Number (if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	369142.	1010917	2003IA3A	VERIZON NETWORK INTEGRATION	143004038	07012003
2						
3						
4						
5						
6						
7						
8						



Entity Number	<u>103703</u>	Applicant's Form Identifier	<u>YPS YPL 07</u>
Contact Person	<u>MAUREN A. WALSH</u>	Phone Number	<u>914-376-8030</u>

#### Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

THE STATE EDUCATION DEPARTMENT

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

#### NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number 123703

Applicant's Form Identifier VPS YP6 07

Contact Person MAUREEN A. WALSH

Phone Number 914-376-8030

**11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that as of the date of the start of discounted services:

- a. ☒ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES <sup>1</sup>:**

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

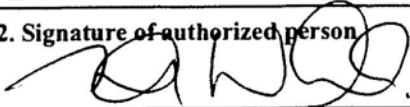
<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."



Entity Number 123703 Applicant's Form Identifier YPS YPG 07  
Contact Person MAUREEN A. WALSH Phone Number 914-376-8030

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person



13. Date

06152005

14. Printed name of authorized person

MAUREEN A WALSH

15. Title or position of authorized person

BUDGET ANALYST

16a. Street Address, P.O. Box, or Route Number

1 LARKIN CENTER 3RD FLOOR

City

YONKERS

State

Zip Code

NY

10710

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

914 376 8030

914 376 8018

16d. Email address of authorized person

MWALSH@YONKERSPUBLICSCHOOLS.ORG

Please submit this form to:

SLD-Form 486  
P. O. Box 7026  
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100



## Universal Service for Schools and Libraries

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by schools, libraries, or consortia.)

Please read instructions before completing.

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

**Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.**

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

#### BLOCK 1: HEADER INFORMATION

1. **471 Billed Entity Applicant Name** (30 characters maximum) YONKERS PUBLIC SCHOOLS
2. **471 Billed Entity Applicant Number** (10 digits maximum) 123703
3. **Service Provider Identification Number (SPIN)** (9 digits maximum) #143004038 (VERIZON - INTERNET)
4. **Contact Name** (30 characters maximum) MARGUERITE A. WALSH
5. **Contact Telephone Number** (14 digits maximum) 914-376-8030
6. **Reimbursement Form Number** (assigned by Billed Entity Applicant--25 characters maximum) YPS YPG 08
7. **Reimbursement Form Date to SLC** (mm/dd/yyyy) 09-10-05
8. **Total Reimbursement Amount** (total of Block 2, Item 15 -- 14.2 digits maximum) \$ 67,067.76

## Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name YPS 471 Billed Entity Applicant Number 123703 Contact Name MAURON A. WALSH

Contact Telephone Number 914-376-8030 Reimbursement Form Number YPS 196 08

### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	369142	1010917		07/2003		80,803 <sup>91</sup>	67,067 <sup>16</sup>
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
<b>TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)</b>						67,067 <sup>16</sup>	

# BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name YONKERS PUBLIC SCHOOLS

471 Billed Entity Applicant Number 123703

Contact Person Name MAUREEN A. WALSH

Contact Telephone Number 914-376-8030

Reimbursement Form Number YPS YP6 08

## Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required)

18. Printed name of authorized person (required)

MAUREEN A. WALSH

19. Title or position of authorized person (required)

BUDGET ANALYST

20. Telephone number of authorized person (required)

914-376-8030

21. Address of authorized person (required)

1 LARKIN CENTER 3<sup>RD</sup> FL, YONKERS N.Y. 10710

**BILLED ENTITY APPLICANT Reimbursement Form**471 Billed Entity Applicant Name YONKERS PUBLIC SCHOOLS471 Billed Entity Applicant Number 123703Contact Person Name MARGARET A WALSHContact Telephone Number 914-376-8030Reimbursement Form Number YPS YP6 08**Block 4: Service Provider Acknowledgment**

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title or position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form  
P. O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, KS 66046